



City of Yonkers Assessment Department  
Schedule of Income and Expenses–Due June 1, 2010

(AS REQUIRED BY LOCAL LAW NO. 9 OF 1993)

COYIE-2010

PART 1. PROPERTY IDENTIFICATION AND OWNERSHIP

SECT\_\_ BLOCK\_\_\_\_\_ LOT 1\_\_ LOT 2\_\_ PARCEL ADDRESS\_\_\_\_\_

OWNER NAME\_\_\_\_\_ MAIL ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ ST\_\_\_\_\_ ZIP\_\_\_\_\_

IS THIS A CONSOLIDATED STATEMENT COVERING TWO OR MORE CONTIGUOUS LOTS? YES ☐ IF YES PLEASE COMPLETE PART 8 NO ☐

IS THIS PARCEL A: ☐ RENTAL APARTMENT BUILDING ☐ RESIDENTIAL COOPERATIVE APARTMENT BUILDING ☐ RESIDENTIAL CONDOMINIUM DEVELOPMENT

PART 2. MANAGEMENT & OPERATION

ACCOUNTING BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	IS THIS PARCEL SUBJECT TO THE EMERGENCY TENANTS PROTECTION ACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
FROM _____ TO _____	
ACCOUNTING PERIOD ____/____/____	
TOTAL ESTIMATED LAND AREA _____	IF YES, PLEASE ENTER THE NUMBER OF ETPA UNITS _____
TOTAL ESTIMATED BUILDING AREA _____	

PART 3. INCOME INFORMATION

RENTAL FROM TENANTS	TOTAL UNITS	NUMBER OF:				RENTAL AREA	ANNUAL RENTAL AMOUNT
		STD.	1BR	2 BR	3 BR		
A. APARTMENTS							A \$ _____
B. OFFICES							B \$ _____
C. RETAIL							C \$ _____
D. GARAGE/ PARKING							D \$ _____
E. WAREHOUSE/LOFT							E \$ _____
F. INDUSTRIAL							F \$ _____
G. OTHER RENT (SPECIFY) _____							G \$ _____

H. SUB TOTALS (ADD LINES A-G) \_\_\_\_\_

I. OWNER-OCCUPIED OR OWNER-RELATED SPACE  
SPECIFY FLOOR AREA \_\_\_\_\_ AND BOOK RENT IF ANY I. \$ \_\_\_\_\_

J. ESCALATION INCOME J. \$ \_\_\_\_\_

K. REAL ESTATE TAX ESCALATION K. \$ \_\_\_\_\_

L. SALE OF UTILITIES AND SERVICES L. \$ \_\_\_\_\_

M. SERVICES (LAUNDRY, VALET, VENDING, ETC.) M. \$ \_\_\_\_\_

N. GOVERNMENTAL RENT SUBSIDIES (SECTION 8, ETC.) N. \$ \_\_\_\_\_

O. OTHER OPERATING INCOME (SPECIFY) \_\_\_\_\_ Q. \$ \_\_\_\_\_

P. GROSS ANNUAL INCOME (ADD LINES H-O) P. \$ \_\_\_\_\_

PART 4. EXPENSE INFORMATION

A. FUEL	A. \$ _____
B. LIGHT & POWER	B. \$ _____
C. CLEANING CONTRACTS	C. \$ _____
D. WAGES & PAYROLL COSTS	D. \$ _____
E. REPAIRS & MAINTENANCE (RESERVES FOR REPLACEMENTS NOT INCLUDED)	E. \$ _____
F. MANAGEMENT & ADMINISTRATION	F. \$ _____
G. INSURANCE (ANNUAL)	G. \$ _____
H WATER & SEWER	H. \$ _____
I. ADVERTISING	I. \$ _____
J. INTERIOR PAINTING & DECORATING	J. \$ _____
K. LEASING COMMISIONS (AMORTIZED)	K. \$ _____
L. MISCELLANEOUS EXPENSES (MUST BE SPECIFIED IN PART 7)	L. \$ _____

M. OPERATING EXPENSES BEFORE R.E. TAXES (ADD LINE A-L) M. \$ \_\_\_\_\_

N. REAL ESTATE TAXES N. \$ \_\_\_\_\_

O. TOTAL OPERATING EXPENSES (ADD LINES M & N) Q. \$ \_\_\_\_\_

PART 5. NET OPERATING INCOME

A. NET INCOME BEFORE REAL ESTATE TAXES A.\$ \_\_\_\_\_

B. NET INCOME AFTER REAL ESTATE TAXES B.\$ \_\_\_\_\_

<b>PART 6. ADDITIONAL INFORMATION REQUIRED</b>	
A. Electricity is furnished tenants, the cost of which is set forth in Item B of Part 4. YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is yes, check 1, 2 or 3.  1. <input type="checkbox"/> The electricity is furnished free of charge. 2. <input type="checkbox"/> Charges for electricity are included in rental set forth in items A-G of Part 3. 3. <input type="checkbox"/> Charges for electricty are made to tenants and are set forth in Item L of Part 3.	
B. Land or ground rent or building rent is paid. YES <input type="checkbox"/> NO <input type="checkbox"/> If answer is yes, fill in blanks. 1. Land or ground rent \$ _____ 2. Building rent \$ _____	

<b>PART 7. DETAIL OF MISCELLANEOUS EXPENSES</b>	
<b><u>DO NOT INCLUDE DEPRECIATION OR MORTGAGE AMORTIZATION OR INTEREST</u></b>	
ITEM	AMOUNT
1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____
<b>TOTAL</b> (ENTER IN PART 4, LINE L)	\$ _____

<b>PART 8. DETAIL OF CONSOLIDATED STATEMENT</b>							
FILL OUT THIS PART IF THIS IS A CONSOLIDATED SCHEDULE FOR CONTIGUOUS LOTS (Page 1, Part 1). HOW MANY LOTS ARE COVERED IN THIS SCHEDULE? _____ (LIST BELOW)							
BLOCK	LOT	BLOCK	LOT	BLOCK	LOT	BLOCK	LOT
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

<b>PART 9. AUTHORITY AND SIGNATORY</b>							
<p>This form must be signed by the owner of the property or his/her authorized agent. An attorney/agent must attach a notarized original power of attorney or a photocopy. If this form is not signed by a person holding one of the titles listed below, the filing will be null and void.</p> <p>Place an "X" in the appropriate box.</p> <p>I am:</p> <p>A. <input type="checkbox"/> the owner B. <input type="checkbox"/> a general partner of the partnership that owns this property C. <input type="checkbox"/> a corporate officer of the corporation that owns this property specify position: _____ D. <input type="checkbox"/> the attorney/agent for the owner, partnership or corporation (A notarized power of attorney must be attached.) E. <input type="checkbox"/> trustee or receiver F. <input type="checkbox"/> executor/executrix/administrator/administratrix of the decedent's estate G. <input type="checkbox"/> official of a government agency holding title to the above-referenced property specify position: _____ H. <input type="checkbox"/> mortgagee (bank) in possession of foreclosed property I. <input type="checkbox"/> lessee of the property</p> <p>I certify that all the information in this statement is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statements of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render this statement null and void.</p> <table><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>Signature</td><td>Name (please print)</td><td>Date</td></tr></table>		_____	_____	_____	Signature	Name (please print)	Date
_____	_____	_____					
Signature	Name (please print)	Date					